

## MONTGOMERY COUNTY GOVERNMENT COMPRESSED WORK SCHEDULE AGREEMENT

**Employee's Role.** A full-time employee who wishes to work a compressed work schedule should review the information on this form, specify the compressed work schedule to be worked below, including a fixed day off, and give the form to the employee's supervisor.

The work schedule must not be less than 80 regularly scheduled hours in a pay period.

WEEK 1

DAY	Start Time	Stop Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

WEEK 2

DAY	Start Time	Stop Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

The above schedule is compressed work schedule (A, B, C, or D) \_\_\_\_\_. (See the other side of this form and Section 15-4(b) of the Personnel Regulations for more information.)

**Standards for Approving a Compressed Work Schedule.** The supervisor and department director must evaluate the compressed work schedule agreement under the following standards:

- operational requirements must be met;
- service to clients or the public must be maintained or improved;
- costs to the County must not increase;
- each office or operation must have enough staff on duty during the normal period of public service, and
- the compressed work schedule must not diminish the ability of the department to assign responsibility and accountability to the employee for providing County services and performing the employee's official duties.

**Supervisor's Role.** The supervisor must review this form and meet with the employee to discuss the request. The supervisor should suggest to the employee any adjustments to the schedule necessary to maintain the effectiveness of the work unit. If the supervisor agrees with the terms of the request as stated in the form, the supervisor and employee must sign the form and forward it to the department director.

If the supervisor and employee do not agree to the terms stated on the form, the supervisor must forward a copy of the form and a summary of the points on which the supervisor and employee agreed and disagreed to the department director.

**Department Director's Role.** The department director must review the compressed work schedule request and:

- approve it
- disapprove it, or
- suggest changes in the terms for consideration by the employee and the supervisor to help them reach agreement.

If the request is not approved, the department director must give the employee the reason. The decision of the department director is final.

The department director must:

- give a copy of the approved or disapproved request to the employee
- ensure that a copy is placed in the employee's department operating file, and
- send a copy to the Director, Office of Human Resources.

---

**Important Information About Compressed Work Schedules.**

---

There are 4 compressed work schedules as follows:

- **Schedule A**, from 12:01 p.m. Monday through 12:00 noon Monday, with the first Monday off during the two-week pay period;
- **Schedule B**, from 12:01 p.m. Monday through 12:00 noon Monday, with the second Monday off during the two-week pay period;
- **Schedule C**, from 12:01 p.m. Friday through 12:00 noon Friday, with the first Friday off during the two-week pay period; or
- **Schedule D**, from 12:01 p.m. Friday through 12:00 noon Friday, with the second Friday off during the two-week pay period.

An employee must work the scheduled number of hours each day as required by the fixed schedule.

On the 8-hour Monday or Friday, an employee must work 4 hours before 12:00 noon and 4 hours after 12:00 noon in order to avoid creating overtime liability for the County. This is because, for compressed work schedules A and D, the 8-hour Monday or Friday is split between 2 workweeks and hours worked before 12:00 noon are in one workweek while hours worked after 12:00 noon are in the next workweek. On compressed work schedules B and C, the hours on the 8-hour day are split between 2 different pay periods.

An employee must adhere to the schedule on the 8 hour day and must not change the 8-hour day to another day during the pay period.

If an employee uses annual or sick leave for the entire day on a day on which the employee is scheduled to work 9 hours, the employee must record 9 hours of annual or sick leave on the timesheet for that day. Similarly, an employee must record 8 hours of leave on the timesheet for a day on which the employee is scheduled to work 8 hours.

An employee must change to a compressed work schedule at the start of a pay period.

An employee who changes to a compressed work schedule no longer has a Sunday to Saturday workweek and must work a special transition work schedule during the first pay period of the compressed work schedule. See Section 15-4 of the Personnel Regulations for more information on transition schedules.

Working a compressed work schedule will not affect the employee's salary, benefits, job responsibilities, or eligibility for overtime compensation.

The employee may terminate this agreement at any time and return to a traditional work schedule by giving notice to the supervisor.

The supervisor may require the employee to modify the compressed work schedule temporarily to address operational requirements, workload fluctuations, or problems with the employee's performance or attendance. The supervisor must give the employee reasonable advance notice of any temporary schedule change.

A supervisor may require an employee to stop working a compressed work schedule if the supervisor determines that the standards for approving a compressed work schedule request stated above are not being met. The supervisor must give the employee notice and a reasonable opportunity to correct the problem.

A department director may:

- exclude employees in an organizational unit, position, or class of positions from working compressed work schedules if the operation does not lend itself to such schedules
- limit an employee to a particular compressed schedule with a specific day off if the department director determines that it is consistent with operational requirements, and
- exclude an employee with a performance or attendance problem from working a compressed work schedule.

---

**Approved:**

_____ employee's signature	_____ date
_____ supervisor's signature	_____ date
_____ department director's signature	_____ date

**Disapproved/Reason:**

_____	_____
_____	_____
_____ supervisor's signature	_____ date
_____	_____
_____ department director's signature	_____ date